FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 386333

S-W CONSTRUCTION COMPANY

	HOTTIOGTICIT COMITAIT			4 (BRIER 1439) (BLE BILLE 1438 1438 1418 141 B184	
Principal Plac	e of Business	Mailing Address			61911 61911 61911 61911 61911
13680 NW 19TI	H AVENUE	13680 NW 19TH AVENUE		:	
BAY 1		BAY 1			<u> </u>
OPA LOCKA FL	L 33054	OPA ŁOCKA FL 33054		DO NOT WRITE IN TH	IIS SPACE
US		US		3. Date Incorporated or Qualifed 08/03/1971	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1371874	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	e :	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	<u>.</u>	Personal Property Tax.	☐Yes ☐No
27]	9. Name and Address of Current	- 	-	10. Name and Address of New Registere	ed Agent
	or name and read out of the same		81 Name		
SUT	TON,RUSSELL R				
13680 NW 19TH AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	•
BAY			83		- North Aster でき、 U. Seyf U. est - ローロー (利用の North Aster A
	MI FL		[63]		
Wil/All	H (L	` .	84 City		85 Zip Code
44 Cumunant	to the provisions of Sections 607 0502	and 607 1609 Florida Statutos	the above named	comporation submits this statement for the numose	of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	• • •				<u> </u>
	Signature, typed or printed name of registered agent			required when reinstating) DATE	111D DUDEOTODO 111 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD		·		
NAME		☐ DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	SUTTON,R R	· L.) DELETE	1.1 TITLE 1.2 NAME	*	
	19020 WEST LAKE DRIVE	∟ DELETE			
CITY-ST-ZIP	I -	∐ DELETE	1.2 NAME		
CITY-ST-ZIP	19020 WEST LAKE DRIVE	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _ RUSSELLCR / SUTTON

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90066 021 ***150.00

305-685-8284